

HOUSEHOLD GOODS CARRIERS

ANNUAL REPORT

-OF-

Full Name and Address of Reporting Carrier	Correct name and address, if different than shown

TO THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION FOR THE

Year Ended December 31, 1997

All intrastate carriers of Household Goods must file this report. If you did not have revenue from the transportation of Household Goods you will need to indicate "0" on the report. If you are reporting revenue, pages three & four should (as much as possible) reflect figures relative to your household goods operations.

Mail an ORIGINAL signed copy of this report with the appropriate regulatory fee payment to Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250

Retain a copy of this report for your records.

SUMMARY OF FEES

Reception No. _____

1.	Gross Washington intrastate revenue generated from the transportation of household goods.	\$	WUTC Use only
2.	1998 Regulatory Fee is set at 1/4 of one percent of gross intrastate revenue generated from the transportation of household goods.	.0025	
3.	Regulatory Fee Calculation (Multiply Line 1 by Line 2)	\$	(207-01)
4.	Late Penalty: If paying after May 1, 1998, multiply Line 3 x .02	\$	(207-11)
5.	Interest: 1% due for each month thereafter. (e.g., If paying after June 1, 1998, multiply Line 3 x .01 If paying after July 1, 1998, multiply Line 3 x .02 etc.)	\$	(207-11)
6.	Add Line 3 , Line 4 and Line 5---This is your TOTAL DUE	\$	

SCHEDULE 1

UBI NUMBER

Washington Unified Business Identifier (UBI#) _____

TYPE OF MOTOR CARRIER

☐ Individual ☐ Partnership ☐ Corporation If Corporation, state in which incorporated: _____

List names of partners or officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

INTERSTATE OPERATIONS

☐ No ICC or FHWA federal operating authority ☐ MC# _____

DRIVERS AND EQUIPMENT

Drivers employed during the year

DRIVERS:

Total vehicles operated during the year

#OWNED:

#LEASED:

Vehicles Under 10,000 lbs (gross vehicle weight rating)

#OWNED:

#LEASED:

SAFETY DIRECTOR

(Name and telephone number of individual to contact regarding driver and equipment safety issues.)

CERTIFICATION

I certify that the information and regulatory fee calculation contained herein are true and correct to the best of my knowledge and belief.

Signature

Title

Date

(Name and telephone number of individual to whom correspondence concerning this report should be addressed.)

(Form#158 Revised 1/98)